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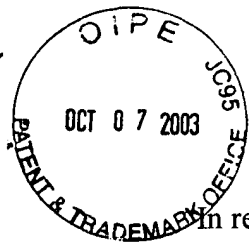
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Technology Center 2600

Attorney Docket No. MOBI-003/00US
 (301375-2017)

RCE/2700
 #16
 PATENT
 10/22/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re application of GINOSAR

Examiner: D. Chow

Serial No: 09/399,919

Art Unit: 2675

Filed: September 21, 1999

Confirmation No.: 2838

**For: A DUAL FORM LOW POWER, INSTANT ON AND HIGH PERFORMANCE,
 NON-INSTANT ON COMPUTING DEVICE**

Mail Stop RCE

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

**REQUEST FOR CONTINUED EXAMINATION
 UNDER 37 C.F.R. §1.114**

Applicants submit this request for continued examination under 37 C.F.R. §1.114 for the above-identified application.

[X] Please consider the following submission(s) required under 37 C.F.R. §1.114:

- ☐ The amendment/reply under 37 C.F.R. §1.116 previously filed on .
- ☐ The arguments in the Appeal Brief and/or Reply Brief previously filed on .
- ☒ The enclosed amendment/reply submitted in response to the Official Action dated April 7, 2003.
- ☐ Information Disclosure Statement
- ☒ Petition for Three-month Extension of Time
- ☐ Other: .

05/19/2004 LDIGGS

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01 FC:2202

3.00 DA

[X] Also enclosed is:

- ☒ Return receipt postcard
- ☒ Check No. 19642 in the amount of \$986.00, \$511.00 for the total fee as calculated below, and \$475.00 for the three-month extension of time.
- ☐ An Assertion of Entitlement to Small Entity Status was submitted previously.
- ☐ Other: .

10/09/2003 DTESSEM1 00000113 09399919

01 FC:2801

385.00 OP

02 FC:2202

126.00 OP

[X] The fee for the request for continued examination is calculated below [X] and in accordance with the enclosed amendment:

	NO. OF CLAIMS	CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	34	- 20	14	x \$18.00	\$252.00
Independent Claims	15	- 16	0	x \$86.00	.00
Multiple dependent claims not previously presented, add \$290.00					.00
Total Amendment Fee					\$252.00
Continued Examination Fee under 37 C.F.R. §1.17(e) of \$770.00					\$770.00
If small entity status is applicable, subtract 50% of Total Amendment Fee and Continued Examination Fee					\$511.00
Other fees: (specify)					.00
TOTAL FEE DUE					\$511.00

[X] A check for the total fee is attached.

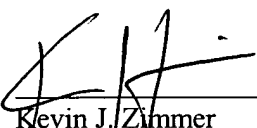
[] Please charge \$ to Deposit Account No. 03-3117 for the total fee. This paper is being submitted in duplicate.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 03-3117.

Dated: October 7, 2003
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Respectfully submitted,
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By:


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